

WOODBURY STRINGS

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Last updated 3/12

MEDICAL RELEASE AND CONTACT INFORMATION

This form must be filled out fully in order for students to participate.

Name of Student: _____ / ____AGE
INSTRUMENT: _____
CLASS PARTICIPATING IN: _____ SAP RUN FIDDLE CAMP (July 9 – 13)____
ADDRESS: _____
Name of Parent(s) or Guardian: _____
Home Phone: _____ Work Phone: _____
EMAIL ADDRESS: _____
MEDICAL CONDITIONS THAT ARE IMPORTANT FOR TEACHER TO KNOW ABOUT IN CASE OF EMERGENCY: _____

PHYSICIAN AND CONTACT INFORMATION: _____

EMERGENCY CONTACT PERSON THAT COULD BE REACHED DURING THE TIME OF THE CLASS OR CAMP: _____

IN CASE OF EMERGENCY, AND THE EVENT THAT WE ARE UNABLE TO REACH FAMILIES OR EMERGENCY CONTACT PERSON IN A TIMELY FASHION, SIGN HERE TO GIVE PERMISSION FOR THE STAFF TO SEEK MEDICAL TREATMENT SUCH AS, BUT NOT LIMITED TO, CALLING AN AMBULANCE OR TAKING STUDENT TO AN EMERGENCY ROOM:

SIGNATURE: _____ date: _____

PHOTO RELEASE

___I do ___ do not give permission for pictures of me and/or my child to be used in promotional material such as brochures and posters.

___I do ___ do not give permission for pictures of me and/or my child to be used on the Vermont Fiddle Orchestra, Inc. website for promotional purposes.

___I do ___ do not give permission for me and/or my child to be videotaped for the purposes of educational use and/or teacher professional development documentation, or for promotional purposes.

Signature and date: _____ date: _____

LIABILITY WAIVER

LIABILITY WAIVER: Playing a musical instrument, like any sport or activity that requires the use of your muscles may from time to time contribute to, or cause pain to the musician. It is expected that all students will take responsibility for monitoring and treatment of any pain that they feel may be associated with, or aggravated by playing a musical instrument with WOODBURY STRINGS. We ask that all students of WOODBURY STRINGS sign the waiver of liability below in regards to both the study of the instrument and the use of the buildings that classes are taking place in. Signing below also means that you have read, understand, and agree to the Woodbury Strings policies for private lessons or to the terms associated with a particular class or camp that is checked above (see related letters or descriptions provided separately).

I, _____ (print name of parent or guardian of student), understand that the teachers at Woodbury Strings cannot assume responsibility for any injuries to myself, my children, or my possessions that may occur during or after my use of the building or study of an instrument. I agree to take full responsibility for my own and my children's safety, and hold the residents, owners, and staff of Woodbury Strings harmless from any and all liability claims arising from my study here.

Signature: _____ Date: _____